

**Mail to:**  
Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

www.hazardouswaste.utah.gov

## SOLID WASTE INCINERATOR ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

### Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

#### Owner

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

#### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

### Facility Type and Status

Large Incinerator ☐  
Capacity greater than ten tons per day

Small Incinerator ☐  
Capacity less than ten tons per day but greater  
than 250 pounds per week

Permit Not Required ☐  
Capacity Less than 250 pounds per week

☐ Currently in Operation

☐ Closed - Date: \_\_\_\_\_  
(The "Closed - Date" is the date that all waste and ash were removed from the site)

### Waste Incinerated

Waste Type	Total tons received at facility for incineration:		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>C/D waste includes all waste going to a Class IV or VI landfill

### Ash Disposal

Tons of ash disposed: \_\_\_\_\_  
Facility at which ash was disposed: \_\_\_\_\_

### Recycling

Tons Recycled: \_\_\_\_\_  
or \_\_\_\_\_  
(Should not be included in the tons disposed above also excludes waste diverted to compost. Compost should be reported on separate form.)  
Cubic Yards Recycled: \_\_\_\_\_

### Fee Paid to the Utah Department of environmental Quality

Disposal Fee Required to be paid to State Yes ☐ No ☐

Fee Paid	Municipal	\$ _____	C/D	\$ _____
	Industrial	\$ _____	Annual	\$ _____

### Financial Assurance

Current Closure Cost Estimate: \_\_\_\_\_  
Current Post-Closure Cost Estimate: \_\_\_\_\_  
Current Financial Assurance Mechanism: \_\_\_\_\_  
(ie. Bond, Trust Fund, Corporate or government Test etc.)  
Financial Assurance Mechanism Holder: \_\_\_\_\_  
(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)  
Current Amount or Balance in Mechanism: \_\_\_\_\_

**Financial Assurance:** Each facility must recalculate the cost of closure to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

**Note** Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

### Other Required Reports

**Training Report:** A report of all training programs or procedures completed by facility personnel during the year.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: \_\_\_\_\_ Title: \_\_\_\_\_